



VERIFICATION OF CONTRIBUTION TO A MISSOURI CERTIFIED INCUBATOR SMALL BUSINESS INCUBATOR TAX CREDIT PROGRAM, SECTION 620.495 RSMo

To receive a tax credit under the Small Business Incubator Program, the taxpayers who contribute to a certified Missouri incubator, must complete this form for each contribution and send to the department for review along with documentation satisfactory to the department.

1. CONTRIBUTOR	Tax Year Beginning / /		Tax Year Ending / /		
	NAME OF INDIVIDUAL ENTITY			FEDERAL TAX ID NUMBER	
	ADDRESS (STREET, PO BOX)			MITS/MISSOURI TAX ID NUMBER	
	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER	
	TELEPHONE NUMBER () -		FACSIMILE NUMBER () -		EMAIL ADDRESS
	Business Entity for Tax Purposes: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other				
	Note: If a taxpayer is a Corporation, Partnership, S-Corporation or Other, identify the names, social security numbers, and proportioned share of ownership of each beneficiary, partner, or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.				
	Name		Social Security Number		% Ownership
				%	
				%	
				%	
				%	
2. CONTACT PERSON	FIRST NAME		MIDDLE NAME		LAST NAME
	ADDRESS (STREET, PO BOX)				
	CITY		STATE	ZIP	
	TELEPHONE NUMBER () -		FACSIMILE NUMBER () -		EMAIL ADDRESS
3. CONTRIBUTION	Contribution was made in (check one): <input type="checkbox"/> CASH <input type="checkbox"/> NON-CASH				
	Amount \$ _____			Date / /	
	Note: For cash contributions, provide a cancelled check, bank statement, or wire transfer. For non-cash contributions, please refer to the policy guidelines of the Small Business Incubator Program, "Eligible Contributions."				

4. CERTIFICATION	<ul style="list-style-type: none"> • I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein. • I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien. • I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examines the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding. • I attest that I have read and understand the Small Business Incubator Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099). • I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. • I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief 																											
5. SIGNATURE	<table border="1" style="width: 100%;"> <tr> <td data-bbox="142 533 406 619" rowspan="4" style="width: 25%; vertical-align: top;">Must be signed in the presence of a notary.</td> <td colspan="2" data-bbox="406 533 1144 619">CONTRIBUTOR'S SIGNATURE ▶</td> <td colspan="2" data-bbox="1144 533 1542 619">DATE / /</td> </tr> <tr> <td colspan="2" data-bbox="142 619 495 703">NOTARY EMBOSSEER SEAL</td> <td data-bbox="495 619 844 703">STATE</td> <td data-bbox="844 619 1193 703">COUNTY</td> </tr> <tr> <td colspan="4" data-bbox="495 703 1542 898"> On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated. </td> </tr> <tr> <td colspan="2" data-bbox="495 898 1003 1077">NOTARY PUBLIC SIGNATURE</td> <td colspan="2" data-bbox="1003 898 1542 1077">NOTARY RUBBER STAMP</td> </tr> </table>				Must be signed in the presence of a notary.	CONTRIBUTOR'S SIGNATURE ▶		DATE / /		NOTARY EMBOSSEER SEAL		STATE	COUNTY	On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.				NOTARY PUBLIC SIGNATURE		NOTARY RUBBER STAMP								
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RETURN TO: Department of Economic Development Division of Business and Community Services Finance Management 301 West High Street, Room 770 P.O. Box 118 Jefferson City, MO 65102																												